PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 01 YMPIA WA 98504-0908 (360) 753-1111 TOLL EREF 1-877-604-2929

LOBBYIST REGISTRATION

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THIS SPACE FOR OFFICE USE

DATE FILED PDC

NOT VALID UNLESS SIGNED BY BOTH

| | (360) 753-1111 TOLL FREE 1-877-601- | 2020 | | (12/14) | - TELLICE POC |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lobbyist Name | TOLE TALE 1-077-001- | -2325 | | | JAN 142019 |
| Coyne, Jesernig LLC | • | • | | | • |
| Permanent Busin | | | Business Telephone Numbers | | |
| 625 Delphi Road NW | 00011000 | | , | Permanent (360)866-6715 | |
| u o.p | | | • | Temporary | · , |
| City | | State | Zip |] | (360)951-0529 |
| Olympia | | Washington | 98502 | or Pager | 000)001-0020 |
| 2. Temporary Thurs | ton County address during legi | slative session N/A | | E-Mail Address | |
| | | | | jimjesemig@ | eaol.com |
| 3. Employer's name | and address (person or group | for which you lobby) | | | ccupation, business or description of |
| Washington Grain Commission 2702 W Sunset Blvd, Suite A | | | | purpose of organization | |
| Spokane, WA 99224 | | | | Agricultural Commodity Commission | |
| Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.) | | | | E-Mail Address | |
| Joe Bippert 2702 W Sunset Blvd, Suite A | | | | jbippert@wagrains.org | |
| Spokane, WA 99224 5. What is your pay (compensation) for lobbying? Description of employment (check on | | | | | |
| \$ _4,000 permonth | | | Description of employment (check one or more boxes) ☐ Full time employee ☐ Sole duty is lobbying | | |
| (hour, day, month, year) Other: Explain: | | | ☐ Part time or temporary employee ☐ Lobbying is only a part | | |
| | | | X Contractor, retainer or similar agreement of other duties Unsalaried officer or member of group | | |
| Are you reimbursed for lobbying expenses? Explain which expenses. Yes: \$ per | | | Does employer pay any of your lobbying If yes, explain which ones. | g expenses dire | ectly? |
| X Yes: I am reimbursed for expenses. | | | | | |
| | not reimbursed for expenses. expect to lobby for this organization | ation? | | | |
| X Permanent lo | | Only during legislative session | Other Evalein | | |
| 8. Is your employer a | a business or trade association | or organization which lobbies on I | ☐ Other, Explain: behalf of its members or a representative e | ntity which lobb | ies on behalf of businesses, groups |
| associations, or organ | izations? If "yes," attach a list : s expected to pay over \$1,450 | showing the name and address of | each member or funder who has paid fees | , dues or other | payments over \$1,450 during either of |
| X No | | wever, no member or funder has p | paid, pays, or is expected to pay over \$1,45 | 0. | |
| 9. Does your employ | is of parties attached er have a connected, related o | r closely affiliated political action of | committee which will provide funds for you | o make politica | Contributions including nurchase tickets |
| to fund raising events? X No | If so, list the name of that pol | itical action committee. | | | |
| | of the committee is: | | | | |
| 10. If lobbyist is a com 143 and 144 for instruc | npany, partnership or similar bu | siness entity which employs other | s to perform actual lobbying duties, list nar | ne of each pers | on who will lobby. (See WAC 390-20- |
| Jim Jesernig | • | | | | |
| 11 Areas of interest | I obbying is most frequent before | ore legislative committee members | | | |
| or state agencies conc | erned with following subjects: | | Remarks: | | |
| CODE SUBJECT | re (| CODE SUBJECT 09 Health Care | | • • | |
| 03 Constituti | ons and elections | 10 X Higher education 11 Human services | | | |
| | nd utilities | 12 X Labor 13 ☐ Law and justice | | | |
| resource | es - parks | 14 Local government 15 X State government | | | |
| insurano | e · | 16 ☐ Technology 17 X Transportation | | | |
| 08 X Fiscal CERTIFICATION | | other - Specify: s is a true, complete and correct | FMDI OVEDIS ATITUODIZATION | Configuration 44 | produce at a state of the state |
| statement. 12. LOBBYIST'S SIGN | | | EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement. | | |
| | TORE . | DATE | EMPLOYERS SIGNATURE, NAME T | YPED OR PRII | |
| fen - | preció | 1/14/19 | Glen Squires, Chief Executive Of | ficer | Jun 2, 2019 |